



MARION SUPERIOR COURT PROBATION, JUVENILE DIVISION  
FINANCIAL ELIGIBILITY INFORMATION FORM  
Attachment D

**Demographic Information:**

Child's Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_  
(Must attach copy of birth certificate)

Child's Social Security Number: \_\_\_\_\_  
(Must attach copy of S.S. Card)

Child's Placement Name and Address: \_\_\_\_\_

\_\_\_\_\_ (Include a copy of the child's placement order)

Date of Placement: \_\_\_\_\_

Name of Child's School, address of school and grade in which child is enrolled:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Date Adjudicated as a Delinquent and Cause Number: \_\_\_\_\_

**Information on Child's Parents:**

Father's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are legal parents married to one another? \_\_\_\_\_

If yes, date of marriage: \_\_\_\_\_

If divorced, date of divorce: \_\_\_\_\_ Location of divorce: \_\_\_\_\_

Cause number of divorce: \_\_\_\_\_

Court Ordered to pay support? \_\_\_\_\_

If yes, date ordered: \_\_\_\_\_ Amount: \_\_\_\_\_

Date last paid? \_\_\_\_\_ Is it paid through the Clerk's Office? \_\_\_\_\_

If never married, was paternity established? \_\_\_\_\_ Date Est.: \_\_\_\_\_

Paternity Cause Number: \_\_\_\_\_ County & State ordered: \_\_\_\_\_

Ordered to pay support? \_\_\_\_\_

Date ordered: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Date last paid? \_\_\_\_\_ Paid through the Clerk's Office? \_\_\_\_\_

List all household members and their relationship to child:

Name	Relationship	DOB	SSN

(Any additional household members can be listed on another sheet of paper and attached)

Name of person child was residing with at month of removal from his/her home:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Does this person have legal guardianship or custody of child? \_\_\_\_ (Will need Court Order)

How long had child resided there? \_\_\_\_\_

If child lived with previous person less than six months, please provide with whom the child resided previous to last address, relationship of this person and the address of that residence:

\_\_\_\_\_

Information on child's parent's mother and father: (provide as much as possible)

Paternal Grandfather's name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Paternal Grandmother's name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Maternal Grandfather's name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Maternal Grandmother's name: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

## II. Employment, Income, and Resource Information

Are parent's employed? \_\_\_\_

If yes, provide all applicable information- employer's name, address, phone, hrs. per week and pay.  
(Send DFC Form 65 with signature of employee to employer, attach copy)

Father: Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Pay/ hr. or Salary/ wk: \_\_\_\_\_ Hours/ wk: \_\_\_\_\_

Mother: Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Pay/ hr. or Salary/ wk: \_\_\_\_\_ Hours/ wk: \_\_\_\_\_

Step-parent: Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Pay/ hr. or Salary/ wk: \_\_\_\_\_ Hours/ wk: \_\_\_\_\_

Is stepparent paying child support to children outside home? \_\_\_\_ Amount: \_\_\_\_\_

Does child's parent(s), step-parent or any other person carry health insurance on child? ☐

If yes, please complete information below. If more than one person carries insurance, please provide all health insurance policies. (Attach copies of insurance card or send verification DFC form 3510)

Name of insurance company: \_\_\_\_\_

Address of company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Social Security Number of person carrying insurance: \_\_\_\_\_

Does child or parent receive any other income? ☐

If yes, indicate type and amount, frequency, and attach verification for each additional income.

Child Support:	Child	Parent	Amount	Frequency
Retirement/Pension:				
Disability/ Sick Benefits:				
Military Allotment:				
Railroad Benefits:				
RSDI (Retirement, Survivor, Disability insurance from S.S.):				
S.S.I. (Supplemental Security Income from S.S.):				
UCB (Unemployment Compensation Benefits):				
VA Benefits:				
Other: (including but not limited to working in exchange for goods or services, contributions of money, loans, or payment of bills)				

Does the child or parent have any of the following resources? (Attach Verification)

a. Whole Life insurance for any household member? ☐

Owner: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

b. Bank or Credit Union Account for any household member? ☐

(Including but not limited to checking, savings, Christmas clubs, certificate of deposits, money and/ or market accounts):

Financial Institute: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Address: \_\_\_\_\_

Names on account: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Value: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Value: \_\_\_\_\_

Financial Institute: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Address: \_\_\_\_\_

Names on account: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Value: \_\_\_\_\_

(Additional accounts and financial institutes should be listed on a separate sheet and attached)

c. Other types of resources for any household member? \_\_\_ (Attach verification)

	Owner	Specific Name of Resource	Value
Stocks			
Bonds			
Mutual Funds			
IRA			
Annuities			

d. Are there any Trust Funds? \_\_\_ If Yes, For whom? \_\_\_

Value: \_\_\_ (attach verification)

Is this trust fund accessible without a Court Order? \_\_\_

List year, make, model for all motor vehicles in which a household member's name appears on the registration or title to that vehicle:

Owner	Make	Model	Yr. Of Vehicle	Vehicle VIN #

Signature of Probation Officer: \_\_\_\_\_

Printed Name of Probation Officer: \_\_\_\_\_ Date: \_\_\_\_\_